

## Mount Pocono Borough

Tel 570-839-8436 Fax 570-839-0981 1361 Pocono Blvd., Suite 100 Mount Pocono, PA 18344 www.mountpocono-pa.gov

## \*\* All driveway work shall be done in accordance with Chapter 84\*\*

## DRIVEWAY PERMIT APPLICATION

CONTACT IN	ORMATION:
Property Own	ner: Phone:
Mailing Addr	ess:
Contractor: _	Phone:
Vailing Addr	ess:
PROJECT INF	DRMATION:
	y Alter/Expand Existing Driveway Re- Pave Driveway d #: Borough Name #:
Nearest Inter	section
Stopping Sigh	t Distance when exiting driveway: Left:Right:
•	New driveways must be staked prior to submitting application. The applicant must advise the Zoning Officer when the work will commence and the approximate date of completion of the work. No trenches may be backfilled, or culvert pipes covered or paved over until the Zoning Officer inspects such work.
•	The applicant must advise the Zoning Officer when the work will commence and the approximate date of completion of the work.

By signing this Application, I certify that all facts set forth within this Application and all accompanying documentation are true and correct.

Signature of Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE - BOROUGH USE ONLY

Date Received:	te Received: Payment Type:		Amount Paid: \$
Approved:	Denied:	Reason for Denial:	
PIN #		Permit No.:	